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MODIFIED PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No. 011738.00138		
		First Inventor	Frei	
		Title	PHAS SHIFTING OF NEUROLOGICAL SIGNALS IN A MEDICAL DEVICE SYSTEM	
		Express Mail Label No.	EV306394613US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification <small>(Total Pages 73)</small> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>(Total Sheets 33)</small> a. <input checked="" type="checkbox"/> Formal; or b. <input type="checkbox"/> Informal</p><p>5. Oath or Declaration <small>(Total Pages)</small> a. <input type="checkbox"/> Newly executed (original or copy); or b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		ACCOMPANYING APPLICATIONS PARTS		
		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>		
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: _____ / _____</div></div> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>				
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		or <input checked="" type="checkbox"/> Correspondence address below		
Name	Binal J. Patel Banner & Witcoff, Ltd.			
Address	10 South Wacker Drive Suite 3000			
City	Chicago	State	Illinois	
		Zip Code	60606	
Country	U.S.A.	Telephone	312-463-5000	
		Fax	312-463-5001	
Name (Print/Type)	Binal J. Patel		Registration No. (Attorney/Agent)	42,065
Signature			Date	October 15, 2003

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101503

17414 U.S. PTO

PTO/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 770

Complete if Known	
Application Number	
Filing Date	October 15, 2003
First Named Inventor	Frei
Examiner Name	
Art Unit	
Attorney Docket No.	011738.00138

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																	
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The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065
Signature		Telephone	312-463-5000
		Date	10-15-03

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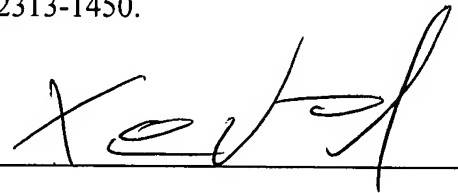
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Express Mail No.: EV306394613US

Deposited: October 15, 2003

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR §1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.o. Box 1450, Alexandria, VA 22313-1450.

By: _____



Title: PHASE SHIFTING OF NEUROLOGICAL SIGNALS IN A MEDICAL DEVICE SYSTEM

Inventor: Frei et al.

Serial No.:

Filing Date: October 15, 2003

- Fee Transmittal Sheet (1 page) in duplicate
- Utility Patent Transmittal (1 page) in duplicate
- ADS (4 pages)
- Specification (73 pages) 18 claims/2 independent and abstract
- Formal Drawings Figs. 1-33 (33 pages)
- Return Receipt Post Card

Attorney Docket No.: 011738.00138